

FFCRA

FAMILIES FIRST CORONAVIRUS RESPONSE ACT

LA County Employee Packet



GET STARTED

WELCOME

In the midst of the COVID - 19 public health emergency, additional leave benefits have been granted to eligible County employees.

[NEXT](#)

DO I QUALIFY ?

This tool is designed to inform you of the types of leave available to you by having you answer a few questions.

Your results will provide you with a starting point for discussion with your departmental HR personnel.

[NEXT](#)

WHAT YOU NEED TO KNOW

Although the tool provides a summary of possible leave benefits based on your selections, your departmental HR will ultimately determine which leave benefit should be awarded based on their review of your leave request.

START

DO YOU WORK FOR ANY OF THESE DEPARTMENTS?

- Children & Family Services
- Fire
- Health Services
- Internal Services Department
- Medical Examiner-Coroner
- Mental Health
- Probation
- Public Health
- Public Social Services
- Public Works
- Sheriff

YES

NO

DISCLAIMER

You are part of a group of departments eligible for COVID-19 Discretionary Leave. You must be pre-approved by your Department Head or designee(s) to use the Discretionary Leave. The use of Discretionary Leave without pre-approval from your Department Head may result in administrative action.

[PREVIOUS](#)[CONTINUE](#)

ARE YOU UNABLE TO WORK OR TELEWORK BECAUSE YOU:

- Are under federal, state, or local quarantine order, OR
- Have been advised to self-quarantine, OR
- Are experiencing symptoms of COVID-19 and seeking a medical diagnosis?

[PREVIOUS](#)

[YES](#)

[NO](#)

ARE YOU UNABLE TO WORK OR TELEWORK BECAUSE YOU:

- Are under federal, state, or local quarantine order, OR
- Have been advised to self-quarantine, OR
- Are experiencing symptoms of COVID-19 and seeking a medical diagnosis?

PREVIOUS

YES

NO

TYPE OF LEAVE AVAILABLE

Based on your previous answers, you may qualify for up to 80 hours of *Emergency Paid Sick Leave* (EPSL).

[PREVIOUS](#)[MORE INFORMATION](#)[HOW TO APPLY](#)

TYPE OF LEAVE AVAILABLE

Based on your previous answer, you may qualify for up to 80 hours of *COVID Paid Leave*.

[PREVIOUS](#)[MORE INFORMATION](#)[HOW TO APPLY](#)

ARE YOU UNABLE TO WORK OR TELEWORK BECAUSE YOU:

Are caring for an individual who:

- is subject to a federal, state, or local quarantine order,
- OR -
- has been advised by a health care provider to self-quarantine due to concerns related to COVID - 19?

PREVIOUS

YES

NO

ARE YOU UNABLE TO WORK OR TELEWORK BECAUSE YOU:

Are caring for an individual who:

- is subject to a federal, state, or local quarantine order,

- OR -
- has been advised by a health care provider to self-quarantine due to concerns related to COVID - 19?

PREVIOUS

YES

NO

ARE YOU UNABLE TO WORK OR TELEWORK BECAUSE YOU:

Are caring for your son or daughter whose school or
child care provider is closed or unavailable for
reasons related to COVID-19?

[PREVIOUS](#)

[YES](#)

[NO](#)

ARE YOU UNABLE TO WORK OR TELEWORK BECAUSE YOU:

Are caring for your son or daughter whose school or child care provider is closed or unavailable for reasons related to COVID-19?

PREVIOUS

YES

NO

TELL US ABOUT YOURSELF

Regardless of the number of hours you have worked, have you been employed with the County for 30 calendar days or more?

[PREVIOUS](#)[YES](#)[NO](#)

TELL US ABOUT YOURSELF

Regardless of the number of hours you have worked, have you been employed with the County for 30 calendar days or more?

PREVIOUS

YES

NO

TYPE OF LEAVE AVAILABLE

Based on your previous answer, you may qualify for:

- Up to 80 hours of *Emergency Paid Sick Leave* (EPSL) with two-thirds ($\frac{2}{3}$) pay, AND
- 12 weeks of *Expanded Family Medical Leave* (EFML) with two-thirds ($\frac{2}{3}$) pay for the last ten weeks of the 12 week period.

[PREVIOUS](#)

[MORE INFORMATION](#)

[HOW TO APPLY](#)

TYPE OF LEAVE AVAILABLE

Based on your previous answer, you may qualify for:

- Up to 80 hours of *COVID Paid Leave* with two-thirds ($\frac{2}{3}$) pay,
- AND -
- 12 weeks of *COVID Leave* with two-thirds ($\frac{2}{3}$) pay for the last ten weeks of the 12 week period.

[PREVIOUS](#)

[MORE INFORMATION](#)

[HOW TO APPLY](#)

ARE YOU UNABLE TO WORK OR TELEWORK BECAUSE YOU:

Are experiencing any other condition that is substantially similar to COVID as specified by the Secretary of Health and Human Services, in consultation with the Treasury and Labor Departments?

[PREVIOUS](#)[YES](#)[NO](#)

ARE YOU UNABLE TO WORK OR TELEWORK BECAUSE YOU:

Are experiencing any other condition that is substantially similar to COVID as specified by the Secretary of Health and Human Services, in consultation with the Treasury and Labor Departments?

[PREVIOUS](#)

[YES](#)

[NO](#)

TYPE OF LEAVE AVAILABLE

Based on your previous answer, you may qualify for up to 80 hours of *Emergency Paid Sick Leave* (EPSL) with two-thirds ($\frac{2}{3}$) pay.

[MORE INFORMATION](#)[HOW TO APPLY](#)

TYPE OF LEAVE AVAILABLE

Based on your previous answer, you may qualify for up to 80 hours of *COVID Paid Leave* with two-thirds ($\frac{2}{3}$) pay.

[MORE INFORMATION](#)[HOW TO APPLY](#)

LEAVE FORM PACKET A

Complete Packet A and submit the completed request form to your departmental HR Office.
Contact your HR Office for any questions or guidance.

EXIT

PACKET A

ADDITIONAL RESOURCES

LEAVE FORM PACKET B

Complete Packet B and submit the completed request form to your departmental HR Office.

Contact your HR Office for any questions or guidance.

[EXIT](#)

[PACKET B](#)

[ADDITIONAL RESOURCES](#)

NOT QUALIFIED

Based on your answers, these expanded leave benefits are not applicable to you.

If you believe this to be an error, please click on “Restart” and answer the questions again. For any questions, please contact your departmental HR.

To learn more about COVID-19, click “Additional Resources”.

RESTART

ADDITIONAL RESOURCES

EXIT

THANK YOU

You have completed the assessment. Please exit the tool by pressing the **ESC** button on your keyboard and clicking on the 'X' located at the top right hand corner of the window.